RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Little Jaybo's Pub	Telephone Number: (765) Establishment; (765) Owner 7775	Date of Inspection (mm/dd/yr): 9-30-24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 309 N Butler Ave			
Owner: Tina Lewis	Purpose: 1. Routine	Follow-up: No	Release Date: 10 days
Owner's Address: Same	2. Follow-up	Summary of Violations:	
Person in Charge: ~~Angelyn~~ Jacqelyn	3. Complaint	C — NC 3 R —	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Certified Food Handler: Karin Gindteller exp 2·2024	6. HACCP	1 2 3 ✓ 4 5	
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
138	NC		Employee cooking without a hair restraint on	Today
306	NC		Vents have dust etc above grill	
307	NC		Hood system needs cleaned professionally w/a sticker placed on Hood	

Received by (name and title printed): Traci Murphy	Inspected by (name and title printed): Dep Sanitary	
Received by (signature): Traci Murphy	Inspected by (signature): [illegible] BS	
cc:	cc:	cc: